Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>10-21-2010</u>	Address:	510 N Market St.
Case#:	<u>16F20033</u>		Kokomo, IN
County:	<u>Howard</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
🔀 Chemica	onal Lab al/Glassware/Equipment (only) te (only)	⊠ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Trash Red Phosphorous/Iodine Reaction(s): N/A Flammable Solvents: Trash Water Reactive Metal (Lithium): Trash Anhydrous Ammonia: N/A Ilydrochloric Acid Gas Generator(s): Trash Corrosive Acid: N/A Corrosive Base: Trash Other (item and location): N/A			
Child under age 18 discovered (check one) Yes N/A (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agenci		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: Kokomo DTP investigation	
	ient: Kokomo Fd	Fax: <u>(</u> 7 <u>65)4</u> :	
Health Department: <u>Howard Co.</u>		Fax: <u>(765)45</u>	
Child Protection Service: N/A			
For further information regarding this methamphetamine laboratory, contact investigating Officer: <u>Joshua Maller</u> Phone (765) 473-6666			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.